



AMP KiwiSaver Scheme

Obtaining Information - Australian Complying Superannuation Fund

Please send this completed form, Authority to Act Declaration and supporting documents to:

AMP KiwiSaver Scheme
Freepost 170, PO Box 55
Shortland Street, Auckland 1140
Email kiwisaver@amp.co.nz

Complete this form if you have permanently emigrated to New Zealand and would like to transfer your Australian superannuation savings to the AMP KiwiSaver Scheme.

You will also need to sign the Authority to Act Declaration at the back of the form. We'll send this to your Australian provider to show that you've provided us the authority to act on your behalf.

If you're not yet a member of KiwiSaver, or are with another KiwiSaver scheme provider and would like to join the AMP KiwiSaver Scheme, please read the AMP KiwiSaver Scheme investment statement, complete and attach the AMP KiwiSaver Scheme application form.

A copy of the AMP KiwiSaver Scheme investment statement and application form are available on amp.co.nz/kiwisaver.

This form can be completed on-screen by typing content directly into the PDF document. Once you have completed your details, print, sign and send the form and any supporting documents to the address above.

If you have any questions when completing this form, please contact your Adviser, call our Customer Services Team on **0800 267 5494 (0800 AMP KIWI)** or email kiwisaver@amp.co.nz. If you are calling from overseas, the number is **+64 4 439 5858**.

A disclosure statement is available from your Adviser on request and free of charge.

(a). Your personal details

AMP KiwiSaver Scheme member number (if known)

Title:

Mr Mrs Miss Ms Other

First names

Postal Address

Number and street
Suburb
City
Postcode
Country

Previous name* e.g. Maiden name

*If your KiwiSaver or Australian superannuation savings are held in a name that is different to the name you've given on this form (e.g. your maiden name), please sign your previous signature and provide evidence of the name change.

Home phone

Mobile phone

Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Surname

Last known Australian address

Number and street
Suburb
City
Postcode
Country

Previous signature (if applicable)

SIGN HERE

Work phone

Email

If you do not wish to receive a status update regarding your request via text message, please tick here:

(b). Your Australian tax details

Australian Tax File Number (TFN)*

*If you do not know your Tax File Number (TFN), you can print out and complete the Searching for lost super Form at www.ato.gov.au/Forms/Searching-for-lost-super and send it to: Australian Taxation Office, PO Box 3578, ALBURY NSW 2640, Australia. Alternatively, please call the Australian Tax Office on +612 6216 1111 and ask to be transferred to personal tax enquiries. They will ask for your name, date of birth and a last known address in Australia.

(c). Your Australian complying superannuation fund details

The Australian Tax Office has an online tool that can help you find the information asked for below: SuperSeeker - www.ato.gov.au/superseeker

Australian complying Superannuation fund name

Member number

Australian business numbers (ABN)

Approximate value of funds \$AUD

Please attach a copy of your membership certificate/recent statement/notice/communication from the fund

If you have savings in more than one Australian complying superannuation fund that you wish to transfer, please complete the details below:

Australian complying superannuation fund name

Member number

Australian business numbers (ABN)

Approximate value of funds (\$AUD)

Please attach a copy of your membership certificate/recent statement/notice/communication from the fund

Australian complying superannuation fund name

Member number

Australian business numbers (ABN)

Approximate value of funds (\$AUD)

Please attach a copy of your membership certificate/recent statement/notice/communication from the fund

(d). Member acknowledgements

1. I authorise AMP Wealth Management New Zealand Limited (the 'Manager') to obtain all information and documentation from the provider of each Australian complying superannuation fund listed in section C which is necessary to complete my permanent emigration transfer of my Australian savings to the AMP KiwiSaver Scheme (the 'Scheme'). I understand that by giving this authority I cannot claim at a later date that the Manager was not acting on my behalf.
2. I authorise the provider(s) of my Australian complying superannuation fund(s) listed in section C to release all information regarding me and my superannuation to the Manager and to take instructions from the Manager in relation to the transfer.
3. I authorise the Manager to give to the provider(s) of my Australian complying superannuation fund(s):
 - a. any information that I give in this form; and
 - b. any other information that my Australian provider(s) request in relation to my permanent emigration transfer. The authorities in points 1 to 3 will remain valid until I revoke them by giving the Manager notice in writing.
4. I acknowledge that the Manager has recommended that I seek financial advice before requesting a transfer of my Australian complying superannuation fund savings to the Scheme and that none of the Manager, The New Zealand Guardian Trust Company Limited (the "Trustee"), or anyone associated with them have provided any advice as to whether or not I should make such a transfer.
5. I acknowledge that the transfer of my Australian complying superannuation fund savings is based on Australian and New Zealand legislation that may change, and that neither the Manager nor the Trustee have any control over such changes or any resulting impact that they may have.
6. I agree to indemnify the Manager, the Trustee, and their associated persons to the fullest extent for any loss, liability, cost, tax, expense, demand or claim arising directly or indirectly as a result of the Manager facilitating a transfer of my Australian complying superannuation fund savings to the Scheme.
7. I acknowledge that the Manager agrees to facilitate a transfer of my Australian complying superannuation fund savings to the Scheme with reasonable care but does not accept liability for any losses that I incur as a result of making such a transfer.
8. I understand that the benefits that I will receive from my investment in the Scheme, and the circumstances in which they are available, are governed by the Scheme's trust deed and New Zealand legislation, and may change in the future. I acknowledge that the benefits I will receive from the Scheme may differ from my entitlements from my Australian complying superannuation fund(s), and that the Manager is not under any obligation to match or better any benefit that may have been received from my Australian complying superannuation fund(s).
9. I understand that my Australian complying superannuation fund provider(s) may charge me a fee for the transfer of my Australian savings to the Scheme.
10. I understand that my Australian complying superannuation fund savings will be converted from Australian dollars to New Zealand dollars. I understand that the Manager cannot provide any assurance as to the timing of this conversion or the exchange rate that will apply, and is not liable for any decrease in the value of my savings that occurs as part of the conversion process. I understand that the bank carrying out this conversion may charge a fee or commission for providing that service.
11. I acknowledge that the Privacy Act 1993 provides me with the right to request access to and/or correction of any of my personal information held by AMP (AMP in this context includes the Manager and all the members of the AMP group of companies and their subsidiaries, associated companies and agents) or the Trustee. I understand that the information supplied by me on this form or in conjunction with my transfer application will be used to process my application (and may be disclosed for these purposes to third parties where relevant, including my Australian complying superannuation fund provider(s), my adviser, or another intermediary or distributor). The information may also be used by AMP or third parties to offer me other products or services made available within the AMP group.
12. I understand that if the Manager accepts these instructions, transferring Australian complying superannuation fund savings to the Scheme can take more than two months to complete depending on the requirements of my Australian complying superannuation fund provider(s), that my transfer application is subject to the approval of my Australian complying superannuation fund provider(s), and that the Manager may decline to proceed with the transfer if for any reason the Manager considers that the transfer is unlikely to proceed.
13. I instruct the Manager to proceed with this transfer. I have been made aware of and understand any specific forfeiture provisions in my Australian complying superannuation fund(s). I confirm that I will be transferring my savings for the purpose of retirement. I confirm my intention to remain in New Zealand permanently and that I have no intention to return to Australia to work, live or retire.
14. I authorise the Manager to act on and to sign such forms and documents on my behalf as may be necessary or desirable to complete the transfer, until my savings have been transferred into the Scheme (or until the Manager declines to proceed with the transfer).

Member signature:

Has a Financial Adviser assisted you with this transfer?

Yes No

Adviser name:

Adviser code:

Next steps:

We will contact your Australian complying superannuation fund provider(s) to request the transfer of your savings and we expect that the entire process will take up to two months or more to complete. Your Australian provider(s) will need you to complete some additional requirements in order to transfer your savings. We will be in contact when this is required.

Checklist:

- Have you completed all fields with an *?
- Have you signed and dated the form?
- Have you attached a membership certificate/recent statement notice/communication from the Australian provider?